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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

09/542, 935

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS AS FILED AFTER FIRST AMENDMENT AFTER SECOND AMENDMENT

Indep Depend Indep Depend Indep Depend

11-17-05

Indep Depend Indep Depend Indep Depend

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Total

Indep

Total

Depend

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Claims

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